

2010 SEP 20 AM 9:28

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (In full)☐ (Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

ADDRESS (number and street)

214 SOUTH BRONOUGH STREET

☐ (Check if address  
is changed)

TALLAHASSEE

FL

32301

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address  
is changed)

AMORGIAN@FLADEMS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address  
is changed)

WWW.FLADEMS.COM

2. DATE

09 / 13 / 2010

3. FEC IDENTIFICATION NUMBER

C00005501

4. IS THIS STATEMENT



NEW (N)

OR

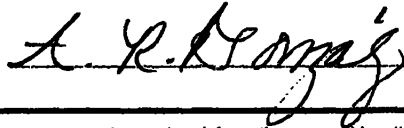


AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ALMA GONZALEZ

Signature of Treasurer



Date

09 / 13 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2008)

10030423664

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☒ This committee is a **STA** (National, State or subordinate) committee of the **DEM** (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

10030423665

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

DSP JOINT VICTORY FUND

Mailing Address

434 FAYETTEVILLE STREETSTE 2020RALEIGHNC27601

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ANNE MORGAN

Mailing Address

214 SOUTH BRONOUGH STREETTALLAHASSEEFL32301

Title or Position

CITY

STATE

ZIP CODE

CEO

Telephone number

850-222-3411

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of TreasurerALMA GONZALEZ

Mailing Address

1105 HIGH MEADOW DRIVETALLAHASSEEFL32311

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

850-222-3411

10030423666

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  
Name of Bank, Depository, etc.

CAPITAL CITY BANK

Mailing Address

217 N MONROE STREET

TALLAHASSEE

FL

32301

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BRANCH BANKING AND TRUST

Mailing Address

434 FAYETTEVILLE STREET

RALEIGH

NC

27601

CITY


STATE

ZIP CODE

10030423667

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER

**9/20/10**  
DATE PREPARED